

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000011099

FILED  
Jun 14, 2011  
Secretary of State

Entity Name: TRINITY, LLC

**Current Principal Place of Business:**

5107 UNIVERSITY BOULEVARD W  
JACKSONVILLE, FL 32216

**New Principal Place of Business:**

**Current Mailing Address:**

5107 UNIVERSITY BOULEVARD W  
JACKSONVILLE, FL 32216

**New Mailing Address:**

FEI Number: 20-2208100

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BIERY, MARK W  
5107 UNIVERSITY BLVD WEST  
JACKSONVILLE, FL 32216 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: BIERY, MARK W  
Address: 5107 UNIVERSITY BLVD. W  
City-St-Zip: JACKSONVILLE, FL 32216

Title: MGR  
Name: BIERY, J. SUZANNE  
Address: 5107 UNIVERSITY BLVD. W.  
City-St-Zip: JACKSONVILLE, FL 32216

Title: MGR  
Name: LEWIS, MURRAY A  
Address: 6639 SOUTHPOINT PKWY  
City-St-Zip: JACKSONVILLE, FL 32216

Title: MGR  
Name: LEWIS, VICKEY A  
Address: 6639 SOUTHPOINT PKWY  
City-St-Zip: JACKSONVILLE, FL 32216

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MARK BIERY

MR

06/14/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date